

B O R O U G H O F P O R T T A L B O T .

A N N U A L R E P O R T

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M E D I C A L O F F I C E R O F H E A L T H

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Medical Officer of Health.



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BOROUGH OF PORT TALBOT.

To the Mayor, Aldermen and Councillors of the Port Talbot Corporation.

Mr. Mayor, Mrs. Nicholas and Gentlemen/

I have the honour to present the report on the public health of the borough for the year 1951. It is compiled in accordance with the instructions of the Welsh Board of Health. The general description of the National Health Services in the borough, a feature of the previous three reports, has been omitted as the responsible organisations issue their own reports.

It was an important year at Port Talbot. The now famous Abbey Steelworks was officially opened. Its construction in approximately four years was an amazing achievement. The Town Council's housing progress, especially at Sandfields and Baglan, also received much commendation. The Glamorgan County Council provided two modern well equipped schools, one at Sandfields and the other at Baglan.

1951 was an unhealthy year. In January and February, an epidemic of influenza was experienced. Approximately thirty to forty per cent of the population were affected. Severe cases were mostly seen among the elderly. Measles and, later in the year, whooping cough were also prevalent. One case of paratyphoid fever occurred.

On the credit side, there were fortunately no cases of infantile paralysis or diphtheria. The tuberculosis problem eased during the year. As compared with the previous twelve years, there were less new cases and fewer deaths from the disease. In recent years, the anti-tuberculosis measures have been intensified locally. Dr. Prosser-Evans, the local Chest Physician, the health visitors and the home nurses have all co-operated in this work. The Town Council has also been very generous in its housing allocation to tuberculous persons and their families.

The local water supplies continued to cause concern. Very creditable efforts were however made to maintain the quantity especially during the summer drought and to remove the earth contamination of the Cwmwernderi supply. Progress at the new bore hole well in the Duffryn Valley was slow owing to technical difficulties. I am glad that, during the year, plans for the construction of filtration plant for the major supplies were prepared. Their early implementation is advisable.

The atmospheric pollution problem at Port Talbot continued to cause much concern especially in the Taibach

area. Towards the end of the year, it was necessary to make strong representations to the officials of the Steel Company of Wales. The effect on the health of the people was emphasised.

The prevalence of food borne diseases in the country is still causing concern. The sanitary inspectors made considerable progress during the year in promoting a higher standard of food hygiene in the borough.

As this is my last report for the Borough of Port Talbot, I wish to thank the many people who helped me during my term of office.

The staff of the Divisional Health Office have kindly prepared many of the statistics in the report. Other sources of information are acknowledged in the various sections.

Your obedient servant,

D.J. DAVIES.

Medical Officer of Health.

GENERAL INFORMATION.

As mentioned in the introduction, 1951 was an important year for Port Talbot. The leading event was the opening of the great Abbey Steel Works. These Works had been constructed in approximately four years. They have made Port Talbot one of the leading steel towns in the world. The full operation of the new Works will eventually necessitate the closure of a number of the older works at Port Talbot and other South Wales towns. Unfortunately it may prove difficult to find employment for all the displaced employees especially the older men. As in the past, the introduction of new machinery often leads to the direct employment of less men.

There was very little unemployment in the area. The Manager of the Port Talbot Employment Exchange has supplied the following comparative figures of unemployed men and women:-

	<u>Men</u>	<u>Women</u>
December 1948	188	276
December 1949	168	162
December 1950	77	151
December 1951	61	50

Much progress was made in finding employment for disabled persons. In December 1951, there were 813 men and 46 women on the disabled persons register; only 32 of the men and 9 of the women were wholly unemployed in the same month.

Real poverty continued to be rare but the rise in food and clothing prices in 1951 caused many difficulties for the poorer families.

The rainfall was comparatively high though there was a drought in the early summer months. The following table shows the annual rainfall in inches since 1942:-

1951.	1950.	1949.	1948.	1947.	1946.	1945.	1944.	1943.	1942.
49.3	53.5	39.5	48.8	29.9	47.6	41.5	39.2	38.	38.1

The area of the borough is estimated to be 25,648 acres, inclusive of the foreshore.

The assessable value for the year ending 31st. March, 1951 was:-

For general rate purposes	:	£184987. 0. 0d.
A penny rate produced	:	£682. 9s. 4d.

VITAL STATISTICS.

In contrast to a general practitioner, who has to assess the health of the individual patient, a medical officer of health has to judge the state of health of the community. He bases his judgment on certain figures, called vital statistics, which are obtained from the registration of deaths, births and still-births and the notifications of tuberculosis and certain infectious diseases.

At present, he cannot present a complete picture as it is impossible to obtain figures of the prevalence of certain forms of ill-health, such as rheumatism and minor mental complaints, which cause so much unhappiness and loss of work. It is hoped that in due course the Ministry of National Insurance and the Regional Hospital Board will be able to provide reliable illness statistics.

The detailed statistical tables, required by the Welsh Board of Health, are given at the end of the report. In this section, a general explanatory review of the main statistics is given.

1. POPULATION.

The population of the Borough was estimated by the Registrar General to be 43,970 at the mid-year 1951 as compared with 44,050 for the previous year and 43,670 in 1949.

2. BIRTHS:

There were 719 live births, 353 males and 366 females, during the year. 16 still-births were recorded. 18 live births were illegitimate.

The birth rate was 16.35 per thousand population. This was the lowest rate since 1939. The high post war birth rate has not been maintained.

The following table is of interest:-

Number of live births at home in the borough	:	:	217
Number of live births (Port Talbot mothers) at Neath			
General Hospital	:	:	436
Number of live births (Port Talbot mothers) at Bridgend			
General Hospital and other hospitals (excluding Neath)			66

70% of all live births occurred at hospital.

In recent years, the local demand for hospital confinements has been heavy. This has been due to many causes especially housing difficulties. An adequate home midwifery service has been maintained in the borough.

3. DEATHS.

The total number of deaths during 1951 was 545, comprising 308 males and 237 females. The death rates per thousand of the population in recent years were as follows:-

1951.	1950.	1949.	1948.	1947.	1946.	1945.	1944.
12.39	11.7	11.3	10.5	12.5	11.9	12.0	11.9

The death rate for the whole of England and Wales during 1951 was 12.5.

The main causes of death in the borough were diseases of the heart and blood vessels, cancer, tuberculosis and bronchitis. With our present knowledge, many of the deaths due to the former two causes cannot be prevented. They are responsible for most of the deaths in the older age groups.

4. INFANT MORTALITY.

22 infants, under one year of age, died during the year. An analysis of the causes of death is contained in Table 3 at the end of the report. The infant mortality rate - number of deaths of infants under one year per 1000 live births - was 30.6. The figure for the whole of England and Wales was 29.6.

It is pleasing to note the improvement as compared with the rates for previous years as is shown by the following record of the infant mortality rates in the borough since 1942.

1951.	1950.	1949.	1948.	1947.	1946.	1945.	1944.	1943.	1942.
30.6	33.8	54.8	35.	40.	43.	63.	43.	59.	42.

5. MATERNAL MORTALITY.

In 1951, there was only one death due to pregnancy and childbirth. The cause of death was infection following an abortion.

H O U S I N G .

As in previous post-war years, housing continued as the major problem of the Corporation, a burden it shared with most other district councils in the country.

The price of private houses remained high and the majority of young couples had to remain in rooms or at their parents' houses until, by additions to their families, they qualified for re-housing under the points scheme.

In 1951, the Corporation made great progress in house building especially at the Sandfields estate. The provision of a large housing site by the flattening of the extensive sand dunes has been a major engineering achievement which has received much attention from other local authorities. It is hoped that the stabilisation of the sand will be effective.

At the end of 1951, there were great hopes that the rows of condemned houses, such as Miner's and Tyisha Rows, at Owmavon would be soon demolished. Considerable progress had been made in the building of alternative houses.

The following details have been supplied with the help of the Chief Rating and Valuation Officer and the Chief Sanitary Inspector:-

1. Total number of houses completed during 1951... (a) Temporary - Nil
(b) Permanent - 517

With state assistance under the Housing Acts:-

- | | | |
|------|-----------------------------------|-----|
| (i) | By local authority | 505 |
| (ii) | By other bodies or persons | Nil |

2. New houses let by the Corporation during 1951:-

- | | | |
|-----|--|-----|
| (a) | to tuberculous families | 25 |
| (b) | to families from condemned houses | 9 |
| (c) | to families from squatters camps | 21 |
| (d) | to families from overcrowded houses | 353 |
| (e) | to key workers | 97 |

3. Number of Applicants for Council Houses on the waiting list:-

December 31st. 1951 1732

4. Inspection of dwellinghouses during 1951:-

(1)	(a)	Total number of dwellinghouses inspected for housing defects (under Public Health or Housing Acts)	742
	(b)	Number of inspections made for the purpose	3660
(2)	(a)	Number of dwellinghouses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925	0
	(b)	Number of inspections made for the purpose	0
(3)		Number of dwellinghouses found not to be in all respects reasonably fit for human habitation ...	682
(4)		Remedy of defects during the year without service of formal notices: number of defective dwellinghouses rendered fit in consequence of informal action by the Local Authority or their Officers..	473
(5)		Action under Statutory Powers during the year.	
	(a)	Proceedings under Section 9 of the Housing Act, 1936:-	
	(1)	Number of dwellinghouses in respect of which notices were served requiring repairs	0
	(2)	Number of dwellinghouses which were rendered fit after service of formal notices	
		(a) By owners	0
		(b) By local authority in default of owners	0
	(b)	Proceedings under the Public Health Acts:-	
	(1)	Number of dwellinghouses in respect of which notices were served requiring defects to be remedied:	201
	(2)	Number of dwellinghouses in which defects were remedied after service of formal notices:-	
		(a) By owners	275
		(b) By local authorities in default of owners	0

(c) Proceedings under Sections 11 and 12 of the Housing Acts, 1936:-

(1) Number of dwellinghouses in respect of which Demolition Orders were made	0
(2) Number of dwellinghouses demolished in pursuance of order	
(a) Demolition Orders	13
(b) Clearance Orders	5
	18

(d) Proceedings under Section 12 of the Housing Act, 1936:-

(1) Number of separate tenements or underground rooms in respect of which Closing Orders were made	0
(2) Number of separate tenements or underground rooms in respect of which Closing Orders were determined: The tenement or room having been rendered fit	0

(6) Housing Act, 1936 - Part IV - OVERCROWDING

It is impossible to give reliable figures as no recent survey has been made.

WATER SUPPLIES.

An elementary need of a civilised community is an ample and pure water supply. The consumption of water increases with the provision of new housing estates and the steady rise of population. No effort should be spared to ensure the purity of a public water supply. The entry of disease causing germs into such a supply will usually cause a widespread epidemic within the area of distribution of the water.

The Corporation realises that Port Talbot Borough has a difficult water supplies problem. Definite progress has been made in recent years to improve the quality and quantity of the supplies but much remains to be done. All the public supplies are now chlorinated. No filters have, as yet, been installed but, during 1951, plans were prepared for the installation of filters for the main Cwawernderi and Cwmgwineu supplies.

In 1951, repeated difficulties continued in the sinking of a bore hole well in the Duffryn Valley. By the end of the year, a depth of 360 feet had been reached but a satisfactory supply of water had not been obtained.

The unsatisfactory private supply to part of the Port Talbot Docks was again reviewed during the year. It was agreed that this supply should be discontinued as soon as the Corporation could provide alternative water.

The Borough Engineer and his Waterworks Assistant maintained a close liaison with the Forestry Commission and thus obviated the previous severe contamination of the Cwawernderi and Cwmgwineu supplies.

The regular sampling of all water supplies was continued throughout the year. 217 samples were submitted for bacteriological examination; 21 were of doubtful or unsatisfactory purity.

Owing to the summer drought, it was necessary to use the Pwlllyglaw levels water supply from the 8th. May to the 21st. August. This water is unsatisfactory.

The Borough Engineer states that, at the end of 1951, only 68 houses in the borough were supplied from public water mains by means of stand pipes. 12,067 houses with an estimated population of 43,000 were supplied direct from public water mains.

The average daily domestic supply of water per person during the year was approximately 26 gallons.

HYGIENE OF FACTORIES.

One of the features of modern industry is the measures taken to safeguard the health and promote the welfare of workers. Some of these measures are enforced by law; others are adopted voluntarily by managements and workers. In recent years, we have seen the intensive efforts to lessen the risk of silicosis in the South Wales coalfield.

The Factories Act of 1937 and regulations issued under the act are the relevant legislation concerned with the hygiene of factories. The enforcement of the major part of the act is the duty of the government factory inspectors. District Councils, such as Port Talbot, have however certain duties relating to general cleanliness, ventilation, provision of sanitary conveniences and other health matters.

The following details for 1951 have been supplied by the Chief Sanitary Inspector:-

1. Inspections for purposes of provisions as to health.

	<u>Inspections.</u>	<u>Number of Written Notices.</u>	<u>Occupiers Prosecuted.</u>
(i) Factories in which Sections 1,2,3,4, and 6 are to be enforced by Local Authorities.	308	37	-
(ii) Factories not included in (i) to which Section 7 applies.	-	-	-
(iii) Other premises under the Act (excluding out-workers' premises)	-	-	-

2. Cases in which defects were found.

<u>Particulars</u>	<u>Number of cases in which defects were found.</u>				<u>No. of Prosecutions</u>
	<u>Found</u>	<u>Remedied</u>	<u>To H.M. Insp.</u>	<u>By H.M. Insp.</u>	
Want of Cleanliness	4	11	-	1	-
Overcrowding	-	-	-	-	-
Unreasonable temperature	-	-	-	-	-
Inadequate ventilation	4	-	-	-	-
Ineffective drainage of floors	1	3	-	-	-
Sanitary Conveniences					
(a) insufficient	-	-	-	-	-
(b) unsuitable or defective	5	2	-	2	-
(c) Not separate for sexes	-	-	-	-	-
Other offences	39	28	-	-	-
Total	53	44	-	3	-

3. There are no outworkers in this borough.

HYGIENE OF FOOD.

In these post war years, increasing attention is being given, both locally and nationally to this problem. The marked rise in the number of food poisoning outbreaks and the undue prevalence of dysentery have emphasised the need for such attention.

All observers agree that there is undoubtedly need of a higher standard of cleanliness in the handling and preparation of food in shops, canteens, restaurants, hotels and even domestic kitchens. Progress in these matters can only be gradual. It can be advanced by the education of the public, especially food handlers, mothers and children in schools, in food hygiene and by the careful supervision, backed by suitable legislation, of the food trades and premises by the sanitary inspectors. A district sanitary inspector, by the systematic supervision of food trades and food handlers, can raise considerably the standard of food hygiene. Suitable structural alterations, to ensure a higher hygienic standard of food premises, must be combined with supervision and education of food handlers otherwise there will be no appreciable reduction of food borne diseases.

The Chief Sanitary Inspector has supplied most of the following details:-

1. MEAT INSPECTION AT PORT TALBOT ABATTOIR DURING 1951.

	<u>Cattle</u> <u>Excluding</u>		<u>Sheep</u> <u>and</u>		
	<u>Cows.</u>	<u>Cows.</u>	<u>Calves.</u>	<u>Lambs.</u>	<u>Pigs.</u>
Number killed.....	2629	672	5441	14459	723
Number inspected.....	2629	672	5441	14459	723
<u>Diseases (excluding tuberculosis)</u>					
(i) Whole carcasses condemned...	2	4	37	70	2
(ii) Carcasses of which some part or organ was condemned.....	1528	414	265	6550	312
(iii) Percentage of all animals infected with disease other than tuberculosis.....	58.19	62.2	5.5	45.1	43.4

TUBERCULOSIS.

(i) Whole carcasses condemned...	9	17	2	-	1
(ii) Carcasses of which some part or organ was condemned.....	218	189	-	-	92
(iii) Percentage of all animals found to have signs of tuberculosis.....	8.63	30.6	.036	-	12.8

It is disturbing to note the rate of tuberculosis among slaughtered cows. The need for pasteurisation of all milk is thus emphasised.

2. MILK.

This is a most valuable food but unfortunately it can become contaminated by dangerous germs. These germs are derived either from the cow or the person who handles the milk. It is estimated that one thousand and five hundred persons die annually in this country from types of tuberculosis contracted by drinking infected milk.

Many measures are being taken to safeguard the purity of the milk supply. Unfortunately, owing to conflicting interests, public health legislation and supervision do not as yet ensure that all milk sold to the public is free from dangerous germs.

Universal pasteurisation of milk, carefully supervised and controlled and followed by hygienic bottling, would eliminate any danger. It is however felt that in certain rural areas this would be difficult and its general adoption would partly reduce the urge to eliminate disease from dairy cattle.

Tuberculin-tested milk comes from cattle which are free from tuberculosis. Unfortunately it is not always possible to ensure freedom from other germs. Pasteurised milk is thus preferable. The provision of pasteurised tuberculin tested milk is a double safeguard.

In recent years there has been a welcome increased sale of pasteurised and tuberculin tested milk in the borough. The supervision of the dairy cattle and the production of milk at the local farms is now the responsibility of the Ministry of Agriculture.

The following measures were taken by the sanitary inspectors to safeguard the borough milk supplies during 1951:-

(i) A number of milk samples were submitted for bacteriological examination. The following results were obtained:-

Number of ungraded milk samples.....	31
Number of unsatisfactory ungraded milk samples.....	Nil
Number of designated milk samples.....	88
Number of unsatisfactory designated milk samples.....	Nil
Number of ungraded milk samples examined for tubercle bacilli.	18
Number of milk samples found to contain tubercle bacilli.....	1

(A compulsory pasteurisation order under the Milk and Dairies Regulations 1948 was issued).

(ii) 126 samples of milk were submitted for chemical analysis.

3. OTHER FOODS.

94 samples of various other foods were submitted to the Public Analyst. 91 were found to be genuine.

Serious adulteration of food appears to be very uncommon.

4. SANITARY SUPERVISION OF FOOD PREMISES, CANTEENS, RESTAURANTS, HOTELS AND ICE-CREAM AND MANUFACTURED MEAT PRODUCTS PREPARATION AND SALE.

The fundamentals of this important work are given in the introduction to this section of the report. The sanitary inspectors endeavoured, as far as possible, to undertake the necessary supervision. The Corporation has adopted the model Clean Food Byelaws and a publicity campaign was undertaken by the Chief Sanitary Inspector.

5. FOOD POISONING.

Four suspected cases were seen but, on investigation, the diagnosis was not confirmed.

6. PUBLIC ANALYST.

The Public Analyst, under the Food and Drugs Act, 1938, was D. Evans Jones, Esq., of Cardiff.

INFECTIOUS DISEASES OR FEVERS.

As an introduction to this section, I feel that three paragraphs from last year's report should be repeated.

One of the features of the last hundred years in this country has been the remarkable decline and in some instances the virtual disappearance of certain of the more serious infectious diseases. A century ago our towns and countryside were not infrequently ravaged by epidemics of cholera, smallpox, typhoid fever and even that dread louse borne disease known as typhus fever.

It was these pestilences which stimulated the government of the day to pass laws enforcing certain standards of sanitation and requiring local authorities to employ medical officers of health.

We cannot at present be complacent and regard our community as free from the danger of such fevers. Any lapse of preventive measures or some accident of circumstance can lead to an outbreak. The outbreaks of smallpox at Glasgow and Brighton during 1950 were examples.

There were no serious outbreaks of infectious diseases during the year. Measles and whooping cough were prevalent in the early and summer months respectively but they did not cause any deaths.

In 1951, there was no definite case of infantile paralysis; from 1947 to 1950, cases had occurred every year. My attention was drawn, at different times of the year, to six confirmed cases of sonne dysentery and one case of flexner dysentery. In the former cases, there was no apparent common source of infection; the latter infection was contracted from a person who had recently returned from Sudan.

In June, one case of paratyphoid fever occurred in the Sandfields area of Port Talbot. Despite detailed investigations, the source of infection was not detected. There were no further cases.

The figures overleaf relating to the fever and tuberculosis incidence in the borough are of interest:-

Ward.	Scarlet Fever.	Diph- theria (proved)	Infantile Paralysis	New cases of Tuberculosis		
				Measles	Pulmonary	Non-Pulm.
Margam West	8	-	-	145	10	1
Margam Central	7	-	-	106	4	4
Margam North	-	-	-	14	1	3
Aberavon South	11	-	-	100	11	2
Aberavon North	1	-	-	38	3	1
Cwmavon	15	-	-	19	6	-

TOTALS						
1951	42	Nil	Nil	422	35	11
1950	92	1	2	387	58	16
1949	116	4	9	386	61	21
1948	134	5	3	36	76	14
1947	44	45	7	333	53	9
1946	62	55	0	-	61	18
1945	104	86	0	No	93	13
1944	137	201	0	Records	99	7
1943	94	154	1		78	22
1942	54	46	0		71	20
1941	40	64	1		66	28
1940	52	84	0		58	18
1939	59	143	1		53	14

DIPHTHERIA.

The remarkable fall in recent years of the number of cases of this disease has continued. Seven suspected cases were admitted to the local Isolation Hospital but none was found to be suffering from the disease when the appropriate laboratory investigations were made.

All the reasons for the above change are not clearly understood but the mass immunisation of children has probably been the main factor.

SCARLET FEVER.

There were 42 notified cases of the disease during the year; 33 were removed to hospital. There were no deaths. The disease remained mild, the rash was often of very short duration and complications were few.

TUBERCULOSIS.

This disease continued to present one of our most serious public health problems. During 1951, some progress was made both nationally and locally. This scourge can

be eradicated if we apply modern medical knowledge and solve the problem of the shortage of staffed hospital and sanatorium beds and housing accommodation.

It is pleasing to record that there were fewer cases notified and less deaths due to tuberculosis in 1951 than in the previous post war years. The opening of the tuberculosis wards at Cefn Hirgoed Hospital, Bridgend has reduced the local waiting lists for tuberculosis hospital and sanatoria treatment. The introduction by Dr. Prosser Evans, the local Chest Physician, of the home treatment of certain tuberculous patients with streptomycin injections undoubtedly reduced the death rate from this disease. These injections were mainly given by the home nurses.

The home visiting of tuberculosis patients by health visitors continued throughout the year. Careful attention was paid to the prevention of the spread of the disease - both in and outside the house. A serious and increasingly successful effort was made to ensure that contacts of the disease attended for examination at the chest clinic. The immunisation of certain child contacts against the disease was commenced by Dr. Prosser Evans. The health visitors made every effort to persuade the parents to give their consent.

During the year, 44 new cases of tuberculosis were notified and two cases were discovered by examination of death certificates.

	Pulmonary.	Non-Pulmonary.
Males	17	7
Females	18	4

28 pulmonary and 3 non-pulmonary cases were admitted to sanatoria. In 1951, 6 patients were reported to be cured, 32 others were removed from the register as arrested cases.

The distribution of the new tuberculosis notifications was:-		Pulmonary.	Non-Pulmonary.
Margam West		10	1
Margam Central		4	4
Margam North		1	3
Aberavon South		11	2
Aberavon North		3	1
Cwmavon		6	-

The ages of the new cases during 1951 are outlined in Table 4 at the end of the report.

There were 14 deaths due to tuberculosis as compared with 22 in the previous year.

TABLE 1.SUMMARY OF STATISTICS OF THE BOROUGH FOR 1951.

These statistics have been confirmed
by the Registrar General.

<u>Live Births:-</u>	<u>Total.</u>	<u>Males.</u>	<u>Females.</u>
Legitimate	701	345	356
Illegitimate	18	8	10

Birth-rate per 1,000 population - 16.35

<u>Still-Births:-</u>	<u>Total.</u>	<u>Males.</u>	<u>Females.</u>
Legitimate	16	6	10
Illegitimate	-	-	-

Still-birth rate per 1,000 total births - 21.77

<u>Deaths:-</u>	<u>Total.</u>	<u>Males.</u>	<u>Females.</u>
	545	308	237

Death-rate per 1,000 of the estimated resident
population - 12.39

Deaths from Puerperal Causes:-

There was one death from puerperal causes.

Death-rate of infants under 1 year of age:-

All infants per 1,000 live births.....	30.60
Legitimate infants per 1,000 live legitimate births.....	29.96
Illegitimate infants per 1,000 live illegitimate births...	55.56
Deaths from Cancer (all ages).....	76
Deaths from Measles (all ages).....	0
Deaths from Whooping Cough (all ages).....	0
Deaths from Gastritis, Enteritis and Diarrhoea.....	0

TABLE 2.

Birth-rates, Death-rates, Analysis of Mortality, Maternal Mortality and Case-rates for Certain Infectious Diseases in the Year 1951. Provisional figures based on Quarterly Returns.

	England and Wales	126 C.B.'s and Great Towns (including London)	148 Smaller Towns (Res- ident Pop. 25,000 - 50,000 at 1931 Census)	London Admin. County	Borough of Port Talbot.
Rates per 1,000 Home Population.					
<u>Births</u>					
Live Births	15.5	17.3	16.7	17.8	16.35
Still Births	0.36	0.45	0.38	0.37	0.36
<u>Deaths</u>					
All Causes	12.5	13.4	12.5	13.1	12.39
Typhoid and paratyphoid	0.00	0.00	0.00	-	-
Whooping Cough	0.01	0.01	0.01	0.01	0.00
Diphtheria	0.00	0.00	0.00	0.00	0.00
Tuberculosis	0.31	0.37	0.31	0.38	0.32
Influenza	0.38	0.36	0.38	0.23	0.30
Smallpox	0.00	0.00	0.00	-	-
Acute poliomyelitis (in- cluding polioencephalitis)	0.00	0.01	0.01	0.00	0.00
Pneumonia	0.61	0.65	0.63	0.61	0.64
<u>Notifications (Corrected)</u>					
Typhoid Fever	0.00	0.00	0.00	0.01	0.00
Paratyphoid Fever	0.02	0.03	0.02	0.01	0.02
Meningococcal infection	0.03	0.04	0.03	0.03	0.02
Scarlet fever	1.11	1.20	1.20	1.10	0.96
Whooping Cough	3.87	3.62	4.00	3.11	5.14
Diphtheria	0.02	0.02	0.03	0.01	0.00
Erysipelas	0.14	0.15	0.12	0.15	0.11
Smallpox	0.00	0.00	0.00	-	-
Measles	14.07	13.93	14.82	14.64	9.50
Pneumonia	0.99	1.04	0.96	0.72	0.48
Acute poliomyelitis (in- cluding polioencephalitis)					
Paralytic	0.03	0.03	0.03	0.02	0.00
Non-paralytic	0.02	0.02	0.03	0.02	0.00
Food poisoning	0.13	0.15	0.08	0.23	0.00

TABLE 2. (contd)

	England and Wales	126 O.B.'s and Great Towns (including London)	148 Smaller Towns (Res-ident Pop. 25,000 - 50,000 at 1931 Census)	London Admin. County	Borough of Port Talbot.
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Rates per 1,000 Live Births

<u>Deaths</u>					
All causes under 1 year of age	29.6(a)	33.9	27.6	26.4	30.6
Enteritis and diarrhoea under 2 years of age	1.4	1.6	1.0	0.7	-

Rates per 1,000 Total (Live and Still) Births

Notifications (Corrected)

Puerperal fever and pyrexia	10.66	13.77	8.08	14.90	1.36
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Maternal Mortality in England and Wales

	Intermediate List No. and cause	Number of Deaths	Rates per 1,000 Total (Live and Still) Births	Rates per million women aged 15-44
A115	Sepsis of pregnancy, childbirth and the puerperium	70	0.10	
	(Abortion with toxæmia	3	0.00	0
A116	{ Other toxæmias of pregnancy and the puerperium	167	0.24	
A117	Haemorrhage of pregnancy and childbirth	91	0.13	
A118	Abortion without mention of sepsis or toxæmia	37	0.05	4
A119	Abortion with sepsis	66	0.09	7
A120	Other complications of pregnancy, childbirth and the puerperium	125	0.18	

(a). Per 1,000 related live births

TABLE 3.ANALYSIS OF THE CAUSES OF INFANT DEATHS DURING 1951.

NEONATAL DEATHS : 12 : NEONATAL DEATH RATE : 16.69 per 1000
LIVE BIRTHS

1st. 24 hours of life One day - one
month

Cerebral damage, inoxia and asphyxia neonatorum		1
Shock due to precipitate labour and exposure and want of attention at birth. Accidental.	1	
Aspiration pneumonia : Melaena.		1
Spina bifida: Congenital malformation		1
Prematurity.	4	1
Heart failure. Congenital cardiac defects and toxæmia of mother and prematurity.		1
Intracranial hæmorrhage. Forceps delivery.		1
Congenital absence of large bowel. Prematurity.		1

DEATHS DURING ONE MONTH TO ONE YEAR OF AGE : 10

Pyloric Stenosis	1
Congenital malformations & Spina Bifida.....	2
Broncho-pneumonia.....	2
Pneumonia & Leukaemia.....	1
Broncho-pneumonia & Mongolism.....	2
Meningitis.....	1
Broncho-pneumonia & Toxaemia.....	1

TABLE 4.

TUBERCULOSIS.

New cases during 1951:-

	PULMONARY.		NON-PULMONARY.	
	Male.	Female.	Male	Female.
Under 1 year.....	-	-	-	-
Over 1 year and under 5 years.	-	2	1	-
Over 5 years and under 10 years.	1	-	1	2
Over 10 years and under 15 years.	-	2	1	1
Over 15 years and under 20 years.	1	3	-	-
Over 20 years and under 25 years.	1	4	1	-
Over 25 years and under 35 years.	2	3	3	1
Over 35 years and under 45 years.	4	2	-	-
Over 45 years and under 55 years.	4	2	-	-
Over 55 years and under 65 years.	2	-	-	-
Over 65 years.....	2	-	-	-
Totals.....	17	18	7	4

TABLE 5.CLASSIFICATION OF DEATHS DURING 1951.As recorded by the Registrar General.

		<u>Males.</u>	<u>Females.</u>
1. Tuberculosis, respiratory	.....	6	4
2. Tuberculosis, other	.....	2	2
3. Syphilitic disease	.....	1	-
4. Diphtheria	.....	-	-
5. Whooping Cough	.....	-	-
6. Meningococcal infections	.....	-	-
7. Acute poliomyelitis	.....	-	-
8. Measles	.....	-	-
9. Other infective and parasitic diseases	.....	-	-
10. Cancer of stomach	.....	6	5
11. Cancer of lung	.....	9	1
12. Cancer of breast	.....	-	6
13. Cancer of uterus	.....	-	4
14. Other forms of cancer	.....	19	26
15. Leukaemia, Aleukaemia	.....	2	-
16. Diabetes	.....	4	5
17. Vascular lesions of nervous system	.....	32	33
18. Coronary disease, angina	.....	37	12
19. Hypertension with heart disease	.....	13	10
20. Other heart disease	.....	32	49
21. Other circulatory disease	.....	8	7
22. Influenza	.....	8	5
23. Pneumonia	.....	14	14
24. Bronchitis	.....	36	18
25. Other diseases of respiratory system	.....	10	1
26. Ulcer of stomach and duodenum	.....	2	-
27. Gastritis, enteritis and diarrhoea	.....	-	-
28. Nephritis and nephrosis	.....	4	2
29. Hyperplasia of prostate	.....	6	-
30. Pregnancy, childbirth, abortion	.....	-	1
31. Congenital malformations	.....	4	3
32. Other defined and ill-defined diseases	.....	26	22
33. Motor vehicle accidents	.....	3	-
34. All other accidents	.....	21	6
35. Suicide	.....	2	1
36. Homicide and operations of war	.....	1	-

